

MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH		State File No. <u>65</u>		Registered No.	
County <u>Gila</u>		State <u>Ariz</u>		District or Township _____ or Village _____	
City <u>Payson</u>		No. _____ St. _____ Ward _____		(If death occurred in a hospital or institution, give its NAME instead of street and number).	
2. FULL NAME <u>Velma Cluff Martin</u>		(a) Residence, No. <u>Payson Ariz</u>		St. _____ Ward _____	
		(Usual place of abode)		(If non-resident, give city or town and State)	
Length of residence in city or town where death occurred		yrs.	mos.	ds.	How long in U. S. if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>M</u>	4. COLOR or RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. <u>married</u>			
5a. If married, widowed, or divorced					
HUSBAND of <u>Columbus Martin</u>					
(or) WIFE of					
6. DATE OF BIRTH (month, day and year) <u>Nov 11, 1897</u>					
7. AGE	Years <u>31</u>	Months <u>9</u>	Days <u>24</u>	IF LESS than 1 day _____ hrs. or _____ min.	
8. OCCUPATION OF DECEASED <u>HW</u>					
(a) Trade, profession, or particular kind of work					
(b) General nature of industry, business or establishment in which employed (or employer)					
(c) Name of employer					
9. BIRTHPLACE (city or town) <u>Ariz</u>					
(State or country)					
10. NAME OF FATHER <u>Warren Cluff</u>					
11. BIRTHPLACE OF FATHER <u>Utah</u>					
(State or country)					
12. MAIDEN NAME OF MOTHER <u>Sara McPond</u>					
13. BIRTHPLACE OF MOTHER <u>Utah</u>					
(State or country)					
14. Informant <u>Mrs Sara McPond</u>					
(Address) <u>Payson Ariz</u>					
15. Filed <u>Sept 6, 1929</u> <u>C. H. Reiss</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <u>Sept 4</u> 19 <u>29</u>					
Month Day Year					
17. I HEREBY CERTIFY, That I attended deceased from <u>Sept 2</u> 19 <u>29</u> to <u>Sept 4</u> 19 <u>29</u>					
that I last saw her alive on <u>Sept 4</u> 19 <u>29</u>					
and that death occurred, on the date stated above, at <u>1 P.</u> m.					
The CAUSE OF DEATH* was as follows:					
<u>Cerebro Spinal Meningitis (Epidemic)</u>					
(duration) _____ yrs. _____ mos. <u>1 1/2</u> ds.					
CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.					
18. Where was disease contracted <u>unknown</u>					
If not at place of death? <u>no</u>					
Did an operation precede death? <u>no</u> Date of _____					
Was there an autopsy? <u>no</u>					
What test confirmed diagnosis? <u>Spinal Puncture</u>					
(Signed) <u>C. H. Reiss</u> M. D.					
<u>Sept 6</u> 19 <u>29</u> (Address) <u>Payson Ariz</u>					
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Payson Cemetery</u>				DATE OF BURIAL <u>Aug 5/29</u>	
20. UNDERTAKER <u>Neighbors</u>				ADDRESS <u>Payson Ariz</u>	